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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents</b> <b>Box Reissue</b> <b>Washington, DC 20231</b>	<b>Attorney Docket No.</b>	0WHH-104381
	<b>First Named Inventor</b>	John W. Matthews
	<b>Original Patent Number</b>	5,629,105
	<b>Original Patent Issue Date</b> (Month/Day/Year)	5/13/1997
	<b>Express Mail Label No.</b>	EV 169693295 US

**APPLICATION FOR REISSUE OF:** ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**

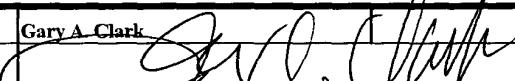
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (PTO/SB/ 56)</b> (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> <b>Statement of status and support for all changes</b> to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> <b>Applicant claims small entity status.</b> See 37 CFR 1.27.	11. <input type="checkbox"/> <b>Original U.S. Patent for surrender</b>
3. <input checked="" type="checkbox"/> <b>Specification and Claims in double column copy of patent</b> format (amended, if appropriate)	<input type="checkbox"/> <b>Ribboned Original Patent Grant</b>
4. <input checked="" type="checkbox"/> <b>Drawing(s) (proposed amendments, if appropriate)</b>	<input type="checkbox"/> <b>Statement of Loss (PTO/SB/55)</b>
5. <input checked="" type="checkbox"/> <b>Reissue Oath/Declaration (original or copy)</b> (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> <b>Foreign Priority Claim (35 U.S.C. 119)</b> (if applicable)
6. <input checked="" type="checkbox"/> <b>Power of Attorney</b>	13. <input checked="" type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> <input checked="" type="checkbox"/> <b>Copies of IDS Citations</b>
7. <b>Original U.S. Patent currently assigned?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If Yes, check applicable box(es))	14. <input type="checkbox"/> <b>English Translation of Reissue Oath/Declaration</b> (if applicable)
<input checked="" type="checkbox"/> <b>Written Consent of all Assignees (PTO/SB/53)</b>	15. <input checked="" type="checkbox"/> <b>Preliminary Amendment</b>
<input checked="" type="checkbox"/> <b>37 C.F.R. § 3.73(b) Statement</b> (PTO/SB/96)	16. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503)</b> (Should be specifically itemized)
8. <input type="checkbox"/> <b>CD-ROM or CD-R in duplicate, Computer Program (Appendix)</b> or large table	17. <b>Other: Offer to Surrender</b>
9. <b>Nucleotide and/or Amino Acid Sequence Submission</b> (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> <b>Computer Readable Form (CFR)</b>	
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c. <input type="checkbox"/> <b>Statements verifying identity of above copies</b>	

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<b>NAME (Print/Type)</b>	Gary A. Clark	<b>28,060</b>
<b>Signature</b>		<b>Date</b> 9/9/2003

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

0WHH-104381

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee		
(A)	1	(B) 1	**** 0 =	x \$ 9 =	\$0	or	x \$ 18 = \$0
(C)	1	(D) 1	* 0 =	x \$ 42 =	\$0		x \$ 84 = \$0
Total Claims (37 CFR 1.16(i))							
Independent claims (37 CFR 1.16(i))							
Basic Fee (37 CFR 1.16(h))					\$375		\$750
Total Filing Fee					\$375		\$750

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	*** 83	MINUS	** 78	= 5	x \$ 9 =	\$45	x \$ 18 =	\$90
Independent Claims (37 CFR 1.16(i))	*** 10	MINUS	***** 8	= 2	x \$ 42 =	\$84	x \$ 84 =	\$168
Total Additional Fee					\$129		OR	\$258

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-1853.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 504 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

September 9, 2003

Date

Signature of Applicant, Attorney or Agent of Record

Gary A. Clark

Typed or printed name

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): John W. Matthews

Docket No.

0WHH-104381

Serial No.

Filing Date

Examiner

Group Art Unit

Invention: **FLASHLIGHTS AND OTHER BATTERY-POWERED APPARATUS FOR HOLDING AND ENERGIZING TRANSducers**

I hereby certify that the following correspondence:

Reissue Application for Design Patent No. 5,629,105

*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

September 9, 2003*(Date)*

Gary A. Clark

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